## **MEMBERSHIP APPLICATION**

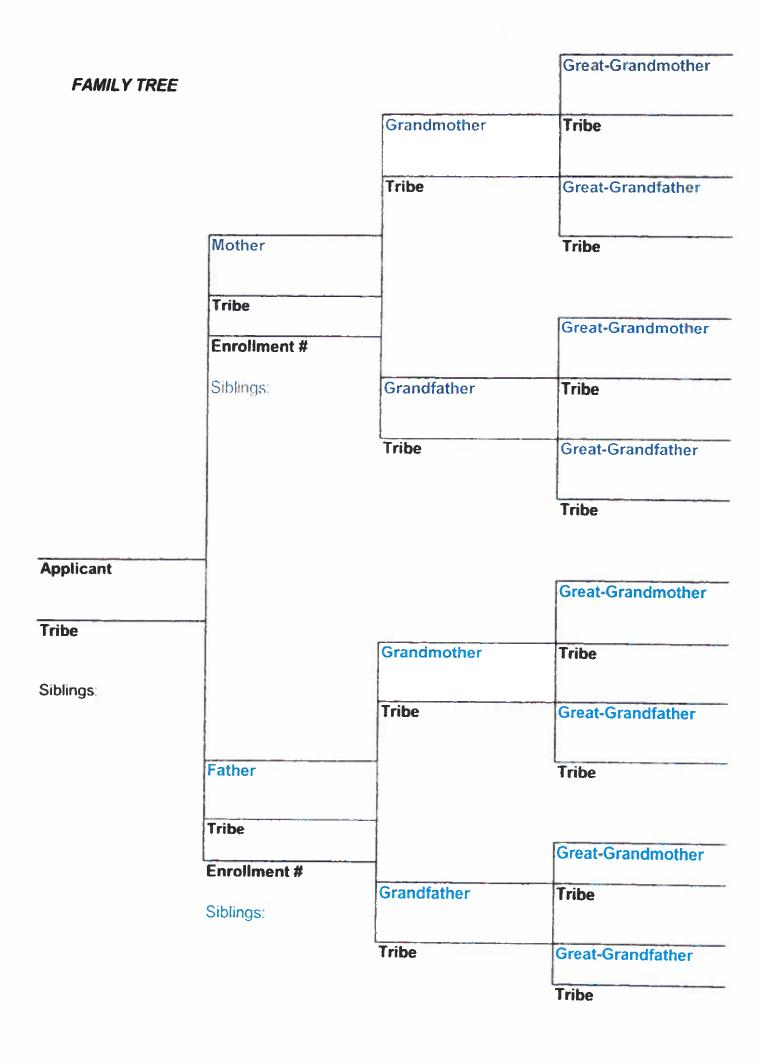
Eligibility for enrollment will be determined upon completion of the Membership Application and meeting the 25% Akwesasne Mohawk Blood Quantum requirement and verification of ancestry from the Saint Regis Mohawk Tribe.

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS AN APPLICATION:

- AN ORIGINAL RECORD OF BIRTH SHOWING MOHAWK (FROM AKWESASNE) PARENTS' NAMES (CERTIFIED DOCUMENTS)
- PROOF OF NAME CHANGE(S) MARRIAGE CERTIFICATE, DIVORCE DECREE, AMENDED BIRTH CERITIFCATE, ETC
- BIOLOGICAL FAMILY TREE MUST BE COMPLETED IN FULL BEFORE APPLICATION IS ACCEPTED
- NON REFUNDABLE FEE OF \$20.00 US FUNDS. MONEY ORDERS CAN BE MADE OUT TO THE SAINT REGIS MOHAWK TRIBE.

NAME:					
	FIRST	MIDE	DLE	AST	
GENDER: M/	F MARTIAL STATUS		MAIDEN:	CLAN:	_
PRIMARY PH	IONE:		MOBILE PHONE:		
MESSAGE PH	IONE:		EMAIL ADDRESS:	31"-	_
STREET ADD	DRESS:				
**************************************			A PARTIE AND A PAR		
MAILING AD	DDRESS:				
DATE OF BIR	RTH:	BIRTH CITY:		STATE/PROV:	
COUNTRY: _	13/2	BIRT	H LOCATION:		
SOCIAL SECT	URITY#			9	
ENROLLED V	WITH ANOTHER BANE	O/TRIBE? Y / N	NAME OF BAND/TRIBE:	200	_
IF MARRIED,	, PLEASE PROVIDE IS	WITH SPOUSE'S 1	JAME:	D.O.B:	
CHILDREN:	NAME:	A CAN	D.O.B.:	GENDER: M/F	
	NAME:		D.O.B::	GENDER: M/F	
	NAME:		D.O.B.:	GENDER: M/F	
	NAME:	Wil	D.O.B.:	GENDER: M/F	
NAME OF PE	RSON COMPLETING A		SRW1 2002_		
RELATIONSH	HIP TO APPLICANT:				
*****	*****	******	********		<b>**</b>
OFFICE USE O	NLY:			Saint Regis Mohawk Tribal Clerk's C 71 Margaret Terrance Memorial Akwesasne NY 1	Way

RECEIPT #: \_\_\_\_



<sup>\*</sup> The Family Tree must be completed in full, <u>BIOLOGICALLY</u>, to prove Mohawk decendancy.

\*\*Index and the family Tree must be completed in full, <u>BIOLOGICALLY</u>, to prove Mohawk decendancy.

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